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Claims

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Application Number Filing Date MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND **AMENDMENT AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 1 51 16 2 10 3 J 6 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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